

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamped Received  
OCT 31 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0434

Date: 11-21-16

Amount Paid: \$75 10-31-16

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Paul & Sheryl Kreuter	Mailing Address: 1090 Carver Beach Rd	City/State/Zip: Chanhassen MN 55317	Telephone: (952) 474-6800
Address of Property: 86500 Bark River Road		City/State/Zip: Herbsster WI 54844	Cell Phone: (952) 807-8242
Contractor: Joe Hokanson	Contractor Phone: (715) 562-0099	Plumber: none	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: NW 1/4, SE 1/4	Legal Description: (Use Tax Statement)	PLN: (23 digits) 04-014-2-50-07-12-4 02-000-10000	Recorded Document: (i.e. Property Ownership) Volume 819 Page(s) 771
Section 12, Township T50N N, Range R07 W	Gov't Lot	Lot(s)	CSM
		Vol & Page	Lot(s) No. Block(s) No.
			Town of: Clover
			Lot Size
			Acreage

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If YES—continue	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If YES—continue	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$15,000.00	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 17'	Width: 12'	Height: 16' (at peak)
Proposed Construction: Wood Construction			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	
	with Loft	( )	
	with a Porch	( )	
	with (2nd) Porch	( )	
	with a Deck	( )	
	with (2nd) Deck	( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	
	<input checked="" type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( 12 X 17 )	204
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	
	<input type="checkbox"/> Addition/Alteration (specify)	( )	
	<input type="checkbox"/> Accessory Building (specify)	( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( )	
	Conditional Use: (explain)	( )	
	Other: (explain)	( )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

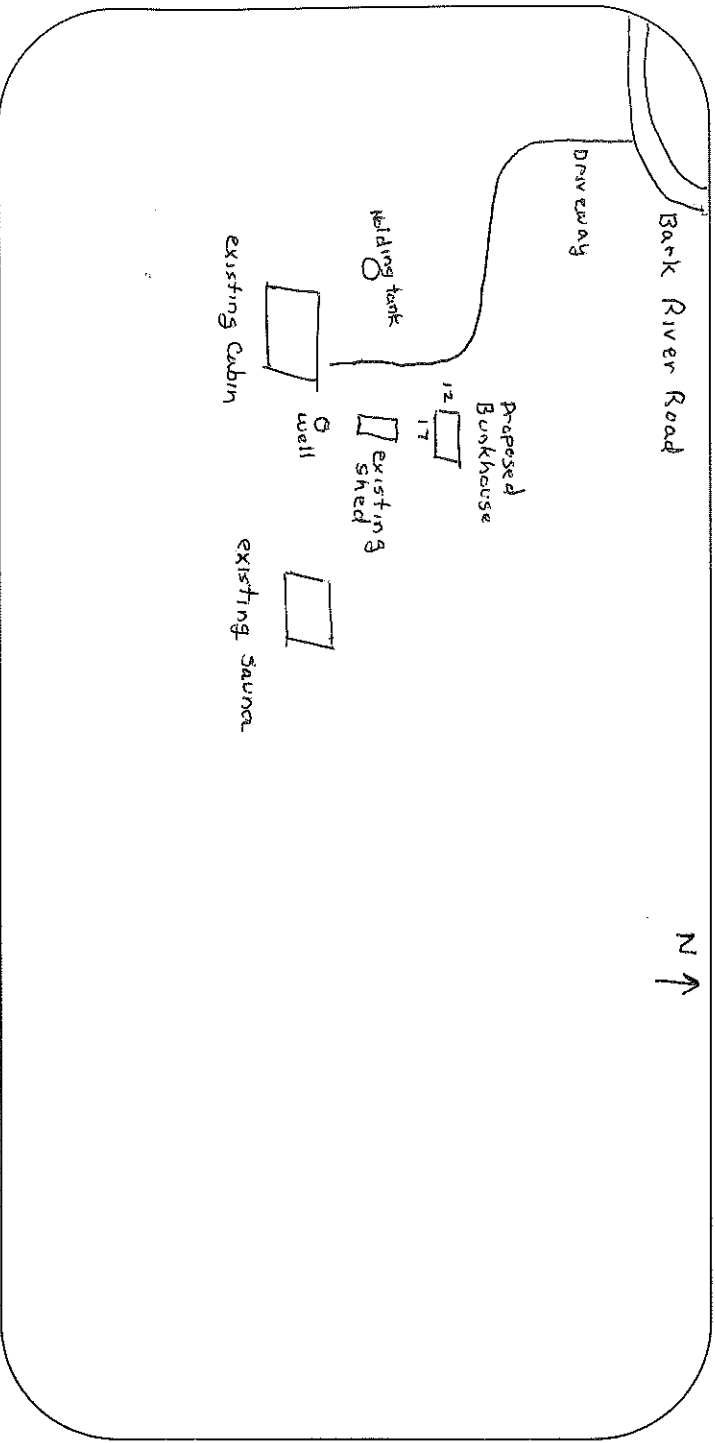
Owner(s): Paul & Sheryl Kreuter Date 10-27-16

Authorized Agent: [Signature] Date \_\_\_\_\_

Address to send permit: \_\_\_\_\_ Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	≈ 800' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	≈ 450 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	≈ 650 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	≈ 350 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	≈ 900 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425394	# of bedrooms: 2	Sanitary Date: 10-21-04		
Permit Denied (Date):	Reason for Denial:					
Permit #: 16-0434	Permit Date: 11-21-10					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: business' seen pre-work for inspection		Zoning District (F-1)	Lakes Classification (N/A)			
Date of Inspection: 11-18-10	Inspected by: J. Acampora, Murphy	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Necessary uniform dwelling code permit + inspections shall be obtained. Building shown not contain plumbing fixtures + shall not be converted to a pre-surveyed water source unless connection to points is approved. 11-21-10						
Signature of Inspector:	Date of Approval: 11-21-10					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
OCT 14 2016  
Bayfield Co. Zoning Dept.

Permit #:	16-0439
Date:	11-30-16
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jane &amp; James G. Buck</u>	Mailing Address: <u>PO Box 180</u>	City/State/Zip: <u>Washburn WI 54884</u>	Telephone: <u>715-741-3717</u>
Address of Property: <u>13100 St. Hubbs</u>		City/State/Zip: <u>Washburn, WI</u>	Cell Phone: <u>54844</u>
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: <u>NW 1/4, SW 1/4</u>		Legal Description: (Use Tax Statement)	Recorded Document: (i.e. Property Ownership)
PIN: (23 digits) <u>04-01425007072050031000</u>		Volume: <u>1093</u>	Page(s): <u>685</u>
Section <u>7</u> , Township <u>50</u> N, Range <u>7</u> W		Town of: <u>Clover</u>	Lot Size: <u>52</u>
<input type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>150</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: <u>150</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X )	
<input type="checkbox"/> with Loft		( ) X )	
<input type="checkbox"/> with a Porch		( ) X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X )	
<input type="checkbox"/> with Attached Garage		( ) X )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( ) X )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X )	
<input type="checkbox"/> Addition/Alteration (specify)		( ) X )	
<input type="checkbox"/> Accessory Building (specify)		( ) X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X )	
<input type="checkbox"/> Special Use: (explain)		( ) X )	
<input checked="" type="checkbox"/> Conditional Use: (explain) <u>Seaway Trail Work</u>		( ) X )	
<input type="checkbox"/> Other: (explain)		( ) X )	

FAILURE TO OBTAIN A PERMIT, or STARTING CONSTRUCTION WITHOUT A PERMIT, WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information given and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jane & James G. Buck  
(if there are Multiple Owners listed on the Deed All Owners must sign for letter(s) of authorization must accompany this application)

Authorized Agent:

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

PO Box 68 Washburn WI 54844

Date 10/14/16

Date





the box below: Draw or Sketch your Property (regardless of what you are applying for)

- |                           |  |
|---------------------------|--|
| (1) Show Location of:     | <b>Proposed Construction</b>   |
| (2) Show / Indicate:      | North (N) on Plot Plan   |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (4) Show:                 | All Existing Structures on your Property   |
| (5) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (7) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |

*for the back*

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500 Feet	Setback from the Lake (ordinary high-water mark)	441 Feet
Setback from the Established Right-of-Way	1333 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	150 Feet
Setback from the North Lot Line	1266 Feet		
Setback from the South Lot Line	1360 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	355 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	800 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	> 50 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>16-0499</u>	Permit Date: <u>11-30-16</u>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>N/A</u>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>N/A</u>			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Inspection Record: <u>Correct Special Use permit valid and compliant w/ ordinance.</u>		Zoning District (RRB)			
Date of Inspection: <u>10/15/2016</u>		Inspected by: <u>Robert Schirman</u>		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)					

Signature of Inspector

Typed Name (Last, First, Middle)

Typed Title

Typed Date

Typed City

Date of Approval

GOVERNMENT LOT 3 AND THAT PART OF THE NW 1/4 OF THE SW 1/4 NORTH OF WISCONSIN HIGHWAY NO. 13, ALL IN SECTION 7, T. 50 N., R. 7 W., IN THE TOWN OF CLOVER AND THAT PART OF THE NE 1/4 OF THE SE 1/4 OF SECTION 12, T. 50 N., R. 8 W., LYING NORTH OF WISCONSIN HIGHWAY NO. 13 IN THE TOWN OF PORT WING, ALL IN BAYFIELD COUNTY, WISCONSIN

I, PETER A. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY: THAT ON THE ORDER OF JANE RUCK, I HAVE SURVEYED AND MAPPED GOVERNMENT LOT 3 AND THAT PART OF THE NE 1/4 OF THE SW 1/4 LYING NORTH OF WISCONSIN HIGHWAY NO. 13, ALL IN SECTION 7, T. 50 N., R. 7 W., IN THE TOWN OF CLOVER AND THAT PART OF THE NE 1/4 OF THE SE 1/4 LYING NORTH OF WISCONSIN HIGHWAY NO. 13 IN SECTION 12, T. 50 N., R. 8 W., IN THE TOWN OF PORT WIND, BAYFIELD COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

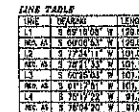
TO LOCATE THE POINT OF BEGINNING, COMMENCE AT A 2" BRASS-CAPPED IRON PIPE AT THE E 1/4 CORNER OF SAID SECTION 12 AND RUN S 89°02'23" W, 777.45 FEET ON THE E-W 1/4 LINE OF SAID SECTION 12, TO A 1" IRON PIPE WHICH IS THE POINT OF BEGINNING.

LEAVING SAND 1/4 W-1/4 N-1/4 E-1/4, S 020°23' E, 584.71 FEET TO A 1" IRON PIPE ON THE NORTHEASTLY CORNER OF WAY LINE. WORKING SOUTHWAY 1" THENCE ON SAND NORTHERLY RIGHT OF WAY LINE, SOUTHWESTERLY, 604.83 FEET TO THE CORNER OF A CURVE TO THE LEFT, HAVING A RADIUS OF 5728.58 FEET, A CENTRAL ANGLE OF 085°03' AND A CHORD WHICH BEARS S 12°00'41" W AND MEASURES 584.33 FEET TO A 3/4" REBAR ON THE WEST LINE OF SAND N-1/4 E-1/4 OF THE 1/4 N-1/4. THENCE LEAVING SAND NORTHERLY RIGHT OF WAY LINE, S 02°00'23" E, 584.65 FEET TO SAND N-1/4 E-1/4 OF THE 1/4 N-1/4. THENCE LEAVING SAND WEST LINE, S 02°00'23" E, 584.65 FEET TO SAND WEST LINE, AND ON SAND E-W 1/4 LINE, S 02°02'23" E, 542.65 FEET TO THE POINT OF BEGINNING. SAND PARCEL CONTAINS 431,001 SQUARE FEET WHICH IS 9.00 ACRES.

AT 2020' ALONG A 1" BURN-CAPPED FIRM PIPE AT THE S-1/4 CORNER OF SAID SECTION 12, RUN 9.0200' AL-1, 402.18 FEET ON THE EAST LINE OF S-1/4 SECTION 12, TO A 3/4" NEDAR ON THE NORTHEASTLY REAR OF WAY LINE OF WISCONSIN HIGHWAY 15. THENCE LEAVING SAID EAST LINE AND ON SAID NORTHERLY REAR OF WAY LINE, S 59°15'00" W, 102.81 FEET TO A 1" IRON PIPE ON THE S-1/4 CORNER OF SAID SECTION 12, RUN 9.0200' AL-1, 402.18 FEET TO A 3/4" REBAR. THENCE S 69°20'00" W, 101.26 FEET TO A 3/4" REBAR. THENCE 74°17'22" N, 91.75 FEET TO A 3/4" REBAR. THENCE SOUTHWESTERLY, 104.88 FEET TO THE CORNER OF CURVE, THE LEFT END OF CURVE, BEING 104.88 FEET. THENCE S 11°00'00" W, 101.26 FEET TO A 3/4" CHAIN. THENCE S 07°28'00" W AND MEASURES 105.83 FEET TO A 1" IRON PIPE. THENCE LEAVING SAID NORTHERLY REAR OF WAY LINE, ON 9°20'28" N, 66.71 FEET TO A 1" IRON PIPE ON THE S-1/4 - 1/4 LINE OF SAID SECTION 12. THENCE ON SAID S-1/4 - 1/4 LINE, S 11°00'00" W, 101.26 FEET TO A POINT OF BEGINNING. SAID PARCEL CONTAINS 43,171 SQUARE FEET, WHICH IS 6.80 ACRES.

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND  
THAT SAID SURVEY AND MAP IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PETER A. NELSON PLS NO. 3071



CURVE TABLE					
CURVE	ARC LENGTH	RADIUS	CENTRAL ANGLE	CHORD BEARS	CHORD LENS
C1	284.43	2749.58	30°5'06"	5 850'00" W	584.37
C2	108.83	5749.58	31°0'10"	5 868'56" W	108.83
C3 TOTAL	761.25	5749.58	06°55'24"	N 65°12'18" E	760.83
BEFORE 11	761.25	5749.58	N 88°1'30" E		

SCALE: ONE INCH = 200 FEET

3. 3/4" CAPPED REBAR (M2007) 10' LONG IN PLACE, UNLESS NOTED OTHERWISE.

JAG NO: N18/033  
 JUNE 8, 2018  
 NO. 407 PG. 39  
 DRAFTED BY: JIM O

SCALE: ONE INCH = 200 FEET  
PSWMA FILE: H/TS04NTH/SEC07/H10015  
ACAD FILE: H/TS04NTH/SEC12/H10015 DUCY MC-5

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